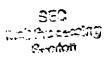
FORM D



ADD LA SHIP

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

143	33	98
OMB	APPRO	VAL
OMB Num	ber:	3235-0076
Expires: Estimated	April 3	0,2008
Estimated	ауеладе	burden
hours per r	esponse	16.00

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iNashington, L	UNIFUR	M LIMITED OFFE	KING EXEM	PIION E	
		at and name has changed, and	indicate change.)		
Hospitality Lodging Inv			SAL ET Parella ACC	I ULOE	
Filing Under (Check box(es Type of Filing: New	i) that apply): Kuic * Filing Amendment	504 Rule 505 Rule	596 Section 4(6)	□ nroε	
Type or thing.					1 COM (III AC (A
		A. BAȘIC IDENTIFIÇA	TTON DATA		
t. Enter the information	requested about the issuer				
Name of Issuer (chec	k if this is an amendment o	nd name has changed, and ind	icate change.)		08047386
Hospitality Lodging Inve					00047000
Address of Executive Offic	es	(Number and Street, Ci	ty, State, Zip Code)	Telephone I	Sumber (including Area Code)
2342 James Drive, Pitts	burgh, PA 5237-1638			(412) 780-85	32
Address of Principal Busin (if different from Executive		(Number and Street, C	lity, State, Zip Code)	Telephone	Number (Including Area Code)
Brief Description of Busine	:55		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Development, ownersh	ip and operation of Hote	ei.			-
					PROCESSEN
Type of Business Organiza Corporation		partnership, already formed	i other (please specify):	PROCESSED APR 2 8 2008
business trust		partnership, to be formed	[]	process openings.	P. APR 282000
		Month Year			- 0 2008
Actual or Estimated Date of	f Incorporation or Organiz	ation: [142] [017]	Actual Esti		THOMSON REUTERS
Jurisdiction of Incorporation		two-letter U.S. Postal Service			WEDIEKS
		for Conada; FN for other foreig	in Jamsonetson)		
GENERAL INSTRUCTION	ONS				
Federal: Il'ho Must File: All issuers 77d(6).	making an offering of scour	rities in reliance on an exemptio	n under Regulation D	or Section 4(6),	17 CFR 230.501 of seq. or 15 U.S.C.
and Exchange Commission	(SEC) on the earlier of the	5 days after the first sale of sec date it is received by the SEC itales registered or certified ma	at the address given b	. A notice is de selow or, if recei	emed filed with the U.S. Securities wed at that address after the date on
		ission, 450 Fifth Street, N.W.,)549.	
	copies of this notice must	be filed with the SEC, one of t			copies not manually signed must be
Information Required: A rethereto, the information requot be filed with the SEC.	new filing must contain all prested in Part C, and any m	information requested. Amen- aterial changes from the inform	dments need only repo nation previously supp	ort the name of I died in Parts A a	he issuer and offering, any changes and B. Part E and the Appendix need
Filing Fee: There is no fe	deral filing fee.				
State:					
ULOE and that have adopter to be, or have been me	ated this form. Issuers rely ade. If a state requires the is notice shall be filed in t	ring on ULOE must file a sep e payment of a fee as a precon	arate notice with the dition to the claim fo	Securities Adm or the exemption	es in those states that have adopted inistrator in each state where sales a, a fee in the proper amount shall a to the notice constitutes a part of
<u></u>		ATTENTIO	N		
	notice will not result in	ites will not result in a lo	ss of the federal e		onversely, failure to file the option is predictated on the
SEC 1972 (6-02)		d to the collection of infor unless the form displays a			

模型的现在形式的		A BASIC ID	ENTIFICATION DATA	(是) () () () () () () () () ()	
Enter the information re	quested for the fo	llowing:			
 Each promoter of t 	he issuer, if the is	suer has been organized v	vithin the past five years;	;	
 Each beneficial own 	ner having the pow	er to vote or dispose, or di	irect the vate or dispositio	n of, 10% or more of	f a class of equity securities of the issue
Each executive off	icer and director o	f corporate issuers and of	corporate general and m	lo stantact gaigana	partnership issuers; and
Each general and n	anaging partner c	of partnership issuers.			
Sant Bankari that Analysi	17 Promotes	C Prooficial Ormer	C Everative Office	r [] Director	[7] General and/or
heck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Office	T Director	General and/or . Managing Partner
ull Name (Last name first, i Premier Hospitality, Inc.	(individual)				
Besiness or Residence Addre 2342 James Drive, Pittsb	-		ode)		
Theek Box(es) that Apply:	Promoter	Beneficial Owner	Executive Office	r 🛭 Director	General and/or Managing Partner
oil Name (Last name first, i Nuttall, William R.	f individual)				
Business or Residence Addre			ode)		
342 James Drive, Pittsbu	ırgh, PA 15237	-1638	·		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Z Executive Office	T Director	General and/or Managing Partner
full Name (Last name first, i Tassone, Ronald L.	f individual)				
Susiness or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		· · · · · · · · · · · · · · · · · · ·
691 Timber Glen Drive,	Wexford, PA 15	090			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Office	er 🔲 Director	General and/or Managing Pertner
'ull Name (Last name first, i	f individual)		·····/: ‱ a h.⇔i		
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Office	er Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)		· · · · · · · · · · · · · · · · · · ·		
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	Code)	······································	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Excentive Office	T Director	General and/or Managing Partner
full Name (Last name first, i	f individual)	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ade)	····	
Theck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Office	r Director	General and/or Managing Partner
full Name (Last name first, i	f individual)		'.'	··-	
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	Code)		
	(Use blo	ink sheet, or copy and use	additional copies of this	s sheet, as necessary)

					B. IN	PORMATI	ON ABOUT	OFFERIN	i č , i 🗟				
	*****		, or does the	a incuration	tand to cal) to non-on	oredited in	vectors in	this offerin	107		Yes E	No ⊋
1.	Has the	ISSUER SQIQ	, or goes in									_	ie:
2.	Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual?												00.00
													No
3.													
4.	commiss If a perso or states, a broker	ion or simi on to be list , list the na or dealer,	on requeste lar remuner ed is an asse me of the br you may se	ation for so ociated per oker or de it forth the	olicitation or age aler. If mo	of purchase nt of a brok- re than five	rs in conne er or dealc: (5) person	ction with : registered s to be liste	sales of sec with the Sl ed are assoc	unties in th EC and/or v	e onering. vith a state		
	II Name (L ONE	ast name l	īrst, if indi	vidual)									
		Residence .	Address (N	umber and	Street, Cl	ty, State, Z	ip Code)						
					, 					,,,,_,			
Na	me of Ass	ociated Br	oker or Des	li¢r									
Sta			Listed Has										
	(Check	"All States	" or check i	individual	States)	**********	******	*************	************		****************	☐ All	States
	AL (L) (M)	AK LN NE SC	IA NY SD	AR KS NH	CA KY NJ TX		CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
			first, if indi Address (f		d Street, C	City, State, 2	Zip Code)						
Ne	me of Ass	ociated Br	oker or De	aler					· · · · · · · · · · · · · · · · · · ·	·		_	<u></u>
St	ptes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)	he da 8240 o 26 o 74 a dan 91					***************************************	☐ Al	l States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ET ME NY VT	MD MC NC	MA MD WA	EL MI OH WV	GA MN OK WI	MSI ORI WY	MO PA PR
Fu	ill Name (Last name	first, if ind	ividual)		,							
Bi	isiness or	Residence	: Address (1	Number an	d Street, C	City, State,	Zip Code)	,, .	<u>. </u>				
N	ame of As	sociated B	roker or De	aler			-						
Sı			Listed Ha							- 			1.6
	(Check	"Ali State	s" or check	individua	l States)	-1-1-4	*************	*****************			****************	[] AI	I States
	ALI ILI MI RI	AK IN NE SC	AZ IA NV SD	AR KS NH TA	CA KY NI TX	CO LA NM UT		DE MD NC VA	DC MA ND WA	PL (MI) (OH) (WV)	GA MN OK WI	HIII MSI ORI WY	MO PA PR

C. OPPERING PRICE NUMBER OF INVESTORS; EXPENSES AND USE OF PROCEEDS

I.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged. Type of Security	Aggregate Offering Price	Amount Already Sold
		-	-
	Debi		
	Equity	S	\$
	Common Preferred		
	Convertible Securities (including warrants)		S
	Partnership Interests		
	Other (Specify)	\$	\$
	Total	s_2,700,000.00	\$_0.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		s
	Non-accredited Investors		
	Total (for filings under Rule 504 only)	0	S
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	:	
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	-	\$
	Regulation A		•
	Rule 504		\$
	Total		2 0.00
			3
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of th securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure i not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fecs		\$
	Printing and Engraving Costs		5 1,000.00
	Legal Fees	[Z]	\$ 3,000.00
	Accounting Fees	[2]	
	Engineering Fees		5 _5,000.00
	Sales Commissions (specify finders' fees separately)	,	\$
	Other Expenses (identify)		S
	Total		s 10,000.00

	and total expenses furnished in response to Part C	ffering price given in response to Part C — Question — Question 4.a. This difference is the "adjusted gro	22		\$
	each of the purposes shown. If the amount for	proceed to the issuer used or proposed to be used for any purpose is not known, furnish an estimate all of the payments listed must equal the adjusted gropert C — Question 4.b above.	ıd		
				Payments to Officers, Directors, & Affiliates	Payments to Others
	Calarina and force	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	***************************************	
					-
	Purchase, rental or leasing and installation of r		·· 🗀	·	[5] 3 <u>-220(022)0</u>
		::::::::::::::::::::::::::::::::::::::	🗖	s	
	Construction or leasing of plant buildings and	facilities	- 🗆	s	s 1,173,500
	Acquisition of other businesses (including the offering that may be used in exchange for the a issuer pursuant to a merger)		M	s	□\$
	Repayment of indebtedness		🗖	s	
	Working capital	100 0000110010100000 100 (100 00 00 00 00 00 00 00 00 00 00 00 00	 	\$	_s
	Other (specify): Architectural and engineerin	19	- 🗖	s	\$ 325,000.0
		****		s	
	Column Totals		🗆		
	Total Payments Listed (column totals added)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		[] \$ _2,	690,000.00
		D FEDERAL SIGNATURE	, Ž.		
2	nature constitutes an undertaking by the issuer to	the undersigned duly authorized person. If this not furnish to the U.S. Securities and Exchange Communication investor pursuant to paragraph (b)(2) of	nissi	on, upon writte	le 505, the followir n request of its stal
1	ucr (Print or Type)	Signature	Da	te	
t	spitality Lodging Investors, III, LP			4/10/08	
	me of Signer (Print or Type)	Title of Signer (Print or Type)	,		
	rHan K. Notto//	Pesucar Prince Insplice	Z	r loss	al Task

ATTENTION -

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

ł.	* · *	presently subject to any of the disqualification	Yes	No ⊠
	s	ee Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes t D (17 CFR 239.500) at such times as requ	o furnish to any state administrator of any state in which this ired by state law.	s notice is filed a no	tice on Fore
3.	The undersigned issuer hereby undertakes issuer to offerees.	to furnish to the state administrators, upon written reques	at, information furn	ished by th
4.	limited Offering Exemption (ULOE) of the	issuer is familiar with the conditions that must be satisfic state in which this notice is filed and understands that the ishing that these conditions have been satisfied.		
The iss	limited Offering Exemption (ULOE) of the of this exemption has the burden of estable	state in which this notice is filed and understands that the	issuer claiming the	e uvailabilit
The issu	limited Offering Exemption (ULOE) of the of this exemption has the burden of estable the read this notification and knows the co	state in which this notice is filed and understands that the ishing that these conditions have been satisfied.	issuer claiming the	e uvailabilit
The issuction	limited Offering Exemption (ULOE) of the of this exemption has the burden of establer has read this notification and knows the cothorized person.	state in which this notice is filed and understands that the ishing that these conditions have been satisfied. Intents to be true and has duly caused this notice to be signed. Signature	on its behalf by the	e nvailabilit undersigne

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

被推		地區		AP	PENDIX			::::12 P. P.	
1	Intend to non-a investor	to sell ecredited s in State -ltern 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)					ification ate ULOE attach atton of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									į
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AZ							,		
AR									
CA								Ī	
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			APPI	ENDIX				
Intend to non-a	i to sell ccredited s in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Itom 2)					te ULOE attach tion of granted)
Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
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	Intend to non-a investor (Part B	Intend to sell to non-accredited investors in State (Part B-Item 1) Yes No	Intend to sell to non-accredited investors in State (Part B-Item 1) Yes No Yes No	Intend to sell to non-accredited investors in State (Part B-Item 1) Yes No Number of Accredited Investors Number of Accredited Investors	Intend to sell to non-accredited investors in State (Part B-Item 1) Yes No No Number of Accredited Investors Amount Yes No No Number of Accredited Investors Amount	Intend to sell to non-accredited investors in State (Part B-Item 1) Yes No No Number of Accredited Investors Number of Accre	Intend to sell to non-accredited investors in State (Part B-Item 1) Yes No No No Non-accredited Investors State (Part C-Item 1) Yes No No No Non-accredited Investors Non-accredited Investors Non-accredited Investors Amount Investors Amount Non-accredited Investors Non-	Type of security and aggregate offering price offering price of great in State (Part B-Item 1) Yes No Number of Accredited Investors Amount Number of Accredited Investors Amount Number of Accredited Investors Amount Number of Accredited Investors Number of Investors Number of Accredited Investors Number of Accredited Investors Number of In

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1	to non-a	i to sell accredited is in State i-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)						
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited						
WY											
PR											

4- E . W